
State: District of Columbia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2019 Transamerica Premier Life Insurance Company (AGENT)
Project Name/Number: Rate Renewal/55_ind Agent

Filing at a Glance

Company: Transamerica Premier Life Insurance Company
Product Name: 2019 Transamerica Premier Life Insurance Company (AGENT)
State: District of Columbia
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Rate
Date Submitted: 12/13/2019
SERFF Tr Num: AEGC-132186494
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2268

Implementation: 03/01/2020
Date Requested:
Author(s): Teri Schaffer-Jones, Kristina Bryant, Sharon Miles
Reviewer(s): John Morgan (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** Transamerica Premier Life Insurance Company
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Project Name/Number: Rate Renewal/55_ind Agent

General Information

Project Name: Rate Renewal Status of Filing in Domicile: Not Filed
Project Number: 55_ind Agent Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Rates are not filed in the domiciliary state of Iowa.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 7.5% Filing Status Changed: 12/18/2019
State Status Changed:
Deemer Date: Created By: Sharon Miles
Submitted By: Sharon Miles Corresponding Filing Tracking Number:

Filing Description:

2019 Transamerica Premier Life Insurance Company Standard Individual (Agent) Medicare Supplement Rate Filing
Policy Form #(s): MSH1A, MSH1F, MSH1G, MSH1N

Enclosed is the rate submission for the benefits contained in the Medicare Improvements for Patients and Providers Act (MIPPA-2010).

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Company and Contact

Filing Contact Information

Sharon Miles, Actuarial Administrator Sharon.Miles@transamerica.com
100 Light Street 800-233-4624 [Phone] 5466 [Ext]
Mail Stop B-3449 410-209-5910 [FAX]
Baltimore, MD 21202

Filing Company Information

Transamerica Premier Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road N.E.	Group Code: 468	Company Type:
Cedar Rapids, IA 53499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 52-0419790	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Transamerica Premier Life Insurance Company
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	3.000%
Effective Date of Last Rate Revision:	03/01/2019
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	AEGC-131750667

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Transamerica Premier Life Insurance Company	7.500%	7.500%	\$3,708	25	\$49,425	7.500%	7.500%

SERFF Tracking #:

AEGC-132186494

State Tracking #:

Company Tracking #:

2268

State: District of Columbia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2019 Transamerica Premier Life Insurance Company (AGENT)

Project Name/Number: Rate Renewal/55_ind Agent

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RATES	MSH1A	Revised	Previous State Filing Number: AEGC-131750667 Percent Rate Change Request: 7.5	Rates DC.pdf,
2		RATES	MSH1F	Revised	Previous State Filing Number: AEGC-131750667 Percent Rate Change Request: 7.5	
3		RATES	MSH1G	Revised	Previous State Filing Number: AEGC-131750667 Percent Rate Change Request: 7.5	
4		RATES	MSH1N	Revised	Previous State Filing Number: AEGC-131750667 Percent Rate Change Request: 7.5	

**Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Current Standard Monthly Rates By Plan - District of Columbia**

Non - Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	98.31	105.44	166.14	178.19	137.59	147.57	99.99	107.23
66	98.31	105.44	166.14	178.19	137.59	147.57	99.99	107.23
67	98.31	105.44	166.14	178.19	137.59	147.57	99.99	107.23
68	98.31	105.44	166.14	178.19	137.59	147.57	99.99	107.23
69	101.35	108.46	171.26	183.28	141.83	151.79	103.06	110.30
70	104.27	111.58	176.19	188.53	145.93	156.15	106.04	113.45
71	107.22	115.54	181.20	195.23	150.06	161.68	109.06	117.48
72	110.55	120.13	186.81	203.00	154.71	168.12	112.43	122.16
73	114.08	125.17	192.77	211.51	159.64	175.17	116.02	127.29
74	117.52	130.31	198.59	220.21	164.47	182.37	119.52	132.53
75	120.62	135.24	203.85	228.55	168.82	189.27	122.68	137.55
76	123.32	139.77	208.37	236.20	172.57	195.62	125.40	142.15
77	125.61	143.84	212.26	243.06	175.78	201.28	127.74	146.28
78	128.01	147.85	216.31	249.85	179.14	206.91	130.17	150.35
79	130.41	151.59	220.37	256.17	182.50	212.15	132.62	154.16
80	133.98	156.30	226.39	264.13	187.49	218.73	136.26	158.95
81	137.87	160.99	232.97	272.04	192.93	225.29	140.18	163.72
82	142.04	165.65	240.00	279.92	198.75	231.82	144.43	168.46
83	146.38	170.25	247.35	287.71	204.86	238.27	148.88	173.15
84	150.80	174.76	254.85	295.34	211.06	244.59	153.38	177.75
85	155.26	179.20	262.37	302.81	217.28	250.76	157.89	182.23
86	159.76	183.57	269.96	310.19	223.56	256.89	162.46	186.69
87	164.38	188.02	277.76	317.71	230.02	263.12	167.17	191.22
88	169.15	192.62	285.84	325.48	236.72	269.55	172.02	195.89
89	173.92	197.26	293.88	333.34	243.38	276.05	176.86	200.59
90	178.08	201.58	300.92	340.65	249.22	282.12	181.09	205.01
91	179.76	203.94	303.79	344.64	251.58	285.41	182.83	207.41
92	181.63	206.75	306.93	349.37	254.18	289.33	184.71	210.26
93	183.60	209.79	310.26	354.51	256.93	293.59	186.72	213.35
94	185.71	213.12	313.82	360.12	259.89	298.24	188.86	216.73
95+	187.94	216.70	317.61	366.21	263.03	303.27	191.15	220.38

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
For Tier 1 rates multiply by 1.1 and for Tier 2 rates multiply by 1.2

**Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Current Standard Monthly Rates By Plan - District of Columbia**

Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	108.15	115.99	182.75	196.01	151.35	162.33	109.98	117.97
66	108.15	115.99	182.75	196.01	151.35	162.33	109.98	117.97
67	108.15	115.99	182.75	196.01	151.35	162.33	109.98	117.97
68	108.15	115.99	182.75	196.01	151.35	162.33	109.98	117.97
69	111.47	119.30	188.39	201.60	156.00	166.96	113.38	121.32
70	114.69	122.73	193.82	207.39	160.52	171.74	116.65	124.81
71	117.95	127.07	199.34	214.74	165.08	177.86	119.96	129.23
72	121.60	132.14	205.49	223.29	170.19	184.93	123.67	134.38
73	125.48	137.68	212.07	232.66	175.62	192.69	127.62	140.02
74	129.28	143.33	218.46	242.24	180.92	200.61	131.47	145.79
75	132.69	148.77	224.22	251.42	185.70	208.20	134.95	151.30
76	135.64	153.76	229.22	259.82	189.82	215.18	137.95	156.36
77	138.17	158.21	233.48	267.38	193.36	221.41	140.51	160.91
78	140.81	162.63	237.94	274.83	197.04	227.61	143.20	165.40
79	143.45	166.75	242.40	281.80	200.75	233.37	145.89	169.58
80	147.39	171.94	249.03	290.54	206.24	240.61	149.89	174.85
81	151.66	177.09	256.25	299.26	212.21	247.84	154.20	180.10
82	156.23	182.22	264.00	307.93	218.63	255.00	158.88	185.32
83	161.02	187.30	272.10	316.49	225.33	262.09	163.75	190.47
84	165.89	192.25	280.32	324.87	232.15	269.05	168.70	195.52
85	170.79	197.12	288.61	333.10	239.01	275.85	173.68	200.45
86	175.74	201.92	296.96	341.23	245.92	282.57	178.71	205.36
87	180.82	206.81	305.54	349.50	253.04	289.43	183.88	210.35
88	186.06	211.87	314.43	358.03	260.38	296.51	189.23	215.47
89	191.30	217.00	323.28	366.67	267.72	303.65	194.55	220.66
90	195.88	221.74	331.02	374.72	274.13	310.34	199.20	225.51
91	197.74	224.33	334.16	379.10	276.73	313.94	201.12	228.15
92	199.79	227.42	337.61	384.31	279.60	318.26	203.19	231.29
93	201.96	230.78	341.28	389.97	282.62	322.96	205.38	234.70
94	204.28	234.42	345.19	396.14	285.88	328.06	207.74	238.39
95+	206.75	238.36	349.37	402.81	289.33	333.60	210.26	242.42

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
For Tier 1 rates multiply by 1.1 and for Tier 2 rates multiply by 1.2

**Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Proposed Standard Monthly Rates By Plan - District of Columbia**

Non - Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	105.68	113.35	178.60	191.55	147.91	158.64	107.49	115.27
66	105.68	113.35	178.60	191.55	147.91	158.64	107.49	115.27
67	105.68	113.35	178.60	191.55	147.91	158.64	107.49	115.27
68	105.68	113.35	178.60	191.55	147.91	158.64	107.49	115.27
69	108.95	116.59	184.10	197.03	152.47	163.17	110.79	118.57
70	112.09	119.95	189.40	202.67	156.87	167.86	113.99	121.96
71	115.26	124.21	194.79	209.87	161.31	173.81	117.24	126.29
72	118.84	129.14	200.82	218.23	166.31	180.73	120.86	131.32
73	122.64	134.56	207.23	227.37	171.61	188.31	124.72	136.84
74	126.33	140.08	213.48	236.73	176.81	196.05	128.48	142.47
75	129.67	145.38	219.14	245.69	181.48	203.47	131.88	147.87
76	132.57	150.25	224.00	253.92	185.51	210.29	134.81	152.81
77	135.03	154.63	228.18	261.29	188.96	216.38	137.32	157.25
78	137.61	158.94	232.53	268.59	192.58	222.43	139.93	161.63
79	140.19	162.96	236.90	275.38	196.19	228.06	142.57	165.72
80	144.03	168.02	243.37	283.94	201.55	235.13	146.48	170.87
81	148.21	173.06	250.44	292.44	207.40	242.19	150.69	176.00
82	152.69	178.07	258.00	300.91	213.66	249.21	155.26	181.09
83	157.36	183.02	265.90	309.29	220.22	256.14	160.05	186.14
84	162.11	187.87	273.96	317.49	226.89	262.93	164.88	191.08
85	166.90	192.64	282.05	325.52	233.58	269.57	169.73	195.90
86	171.74	197.34	290.21	333.45	240.33	276.16	174.64	200.69
87	176.71	202.12	298.59	341.54	247.27	282.85	179.71	205.56
88	181.84	207.07	307.28	349.89	254.47	289.77	184.92	210.58
89	186.96	212.05	315.92	358.34	261.63	296.75	190.12	215.63
90	191.44	216.70	323.49	366.20	267.91	303.28	194.67	220.39
91	193.24	219.24	326.57	370.49	270.45	306.82	196.54	222.97
92	195.25	222.26	329.95	375.57	273.24	311.03	198.56	226.03
93	197.37	225.52	333.53	381.10	276.20	315.61	200.72	229.35
94	199.64	229.10	337.36	387.13	279.38	320.61	203.02	232.98
95+	202.04	232.95	341.43	393.68	282.76	326.02	205.49	236.91

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
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**Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Proposed Standard Monthly Rates By Plan - District of Columbia**

Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	116.26	124.69	196.46	210.71	162.70	174.50	118.23	126.82
66	116.26	124.69	196.46	210.71	162.70	174.50	118.23	126.82
67	116.26	124.69	196.46	210.71	162.70	174.50	118.23	126.82
68	116.26	124.69	196.46	210.71	162.70	174.50	118.23	126.82
69	119.83	128.25	202.52	216.72	167.70	179.48	121.88	130.42
70	123.29	131.93	208.36	222.94	172.56	184.62	125.40	134.17
71	126.80	136.60	214.29	230.85	177.46	191.20	128.96	138.92
72	130.72	142.05	220.90	240.04	182.95	198.80	132.95	144.46
73	134.89	148.01	227.98	250.11	188.79	207.14	137.19	150.52
74	138.98	154.08	234.84	260.41	194.49	215.66	141.33	156.72
75	142.64	159.93	241.04	270.28	199.63	223.82	145.07	162.65
76	145.81	165.29	246.41	279.31	204.06	231.32	148.30	168.09
77	148.53	170.08	250.99	287.43	207.86	238.02	151.05	172.98
78	151.37	174.83	255.79	295.44	211.82	244.68	153.94	177.81
79	154.21	179.26	260.58	302.94	215.81	250.87	156.83	182.30
80	158.44	184.84	267.71	312.33	221.71	258.66	161.13	187.96
81	163.03	190.37	275.47	321.70	228.13	266.43	165.77	193.61
82	167.95	195.89	283.80	331.02	235.03	274.13	170.80	199.22
83	173.10	201.35	292.51	340.23	242.23	281.75	176.03	204.76
84	178.33	206.67	301.34	349.24	249.56	289.23	181.35	210.18
85	183.60	211.90	310.26	358.08	256.94	296.54	186.71	215.48
86	188.92	217.06	319.23	366.82	264.36	303.76	192.11	220.76
87	194.38	222.32	328.46	375.71	272.02	311.14	197.67	226.13
88	200.01	227.76	338.01	384.88	279.91	318.75	203.42	231.63
89	205.65	233.28	347.53	394.17	287.80	326.42	209.14	237.21
90	210.57	238.37	355.85	402.82	294.69	333.62	214.14	242.42
91	212.57	241.15	359.22	407.53	297.48	337.49	216.20	245.26
92	214.77	244.48	362.93	413.13	300.57	342.13	218.43	248.64
93	217.11	248.09	366.88	419.22	303.82	347.18	220.78	252.30
94	219.60	252.00	371.08	425.85	307.32	352.66	223.32	256.27
95+	222.26	256.24	375.57	433.02	311.03	358.62	226.03	260.60

ZIP
Entire State

Area Factor
1.00

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State:	District of Columbia	Filing Company:	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
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Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	General Discription
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2019 ACT MEMO _ W SUpporting docs.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	2019 Transamerica Premier Life Insurance Company (AGENT)		
Project Name/Number:	Rate Renewal/55_ind Agent		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

Policy Form Numbers:

MSH1A DC, MSH1F DC, MSH1G DC, MSH1N DC

Purpose and Scope of Filing:

The purpose of this filing is to satisfy our annual rate filing requirements and to propose a rate revision. This rate filing pertains to the open block of Individual Medicare Supplement policies that are written on Transamerica Premier paper. Proposed revisions by plan are as follows:

Plans A, F:
7.5%

Plan G:
7.5%

Plan N:
7.5%

These rate revisions will apply uniformly to all insureds whose policies were issued in the District of Columbia and are proposed to be effective on April 1, 2020. They are needed to offset medical trend and reduce current loss ratio levels.

Transamerica Premier does not intend that this filing be used for any other purpose.

Description of Benefits:

These policies offer coverage of Medicare approved benefits under the NAIC Medicare Supplement Insurance Minimum Standards Model Act. Please refer to the policy for a complete description of the benefits covered by each plan.

Domiciliary Status:

These forms have not been filed in our domiciliary state of Iowa.

Renewal Provision:

These policy forms are Guaranteed Renewable. Transamerica Premier may change premiums on these forms providing that the change affects all policies uniformly by class based upon age, area, gender, plan and risk classification.

Marketing Method:

Transamerica Premier markets these policies through licensed agents.

Underwriting Method:

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

During the open enrollment period or during the guaranteed issue period for certain eligible persons in those states where required by law, all business written is guaranteed issue as required. All insureds written during these periods are charged the Standard rates and classified by tobacco usage. For business written outside of open enrollment or guaranteed issue periods, applicants are subject to underwriting questions and classified by smoker status and risk class.

Issue Age Limits:

The policy forms are issued to applicants that are 65 and older that are eligible for Medicare and to individuals under 65 that are eligible for Medicare by reason of disability in those states where required by law.

Premium Basis:

Attained-age premiums vary based upon area, gender, smoker status and risk classification. Premiums for policies issued during open enrollment and guaranteed issue periods do not vary by risk classification.

Area Factors – The following area factors will apply for the District of Columbia:

<u>Three-Position Zip of Residence at Issue Date:</u>	<u>Factor</u>
Entire State	1.00

Smoker rates are 10% higher than Non-Smoker rates. A separate load is applied based upon an applicant's height / weight classification. Tier 1 rates are 10% higher than Standard and Tier 2 rates are 20% higher than Standard. Tier 1 and Tier 2 increases in premium do not apply to policies written during open enrollment and guaranteed issue periods.

Modal Factors – The following modal factors will apply to monthly premium rates:

Monthly	1
Quarterly	3
Semi-Annual	6
Annual	12

A one-time application fee of \$25 dollars is applied with the first bill.

Other Pricing Assumptions:

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

Morbidity – Claims cost assumptions have been developed from the morbidity experience of the Medicare Supplement business of the Transamerica Premier Life Insurance Company.

Annual claims cost trend of 5% has been applied to derive costs for the proposed rating period.

Termination – The following total termination rates by duration are assumed, grading to 100% of the 2001 CSO Ultimate mortality rates when these exceed the termination rate.

<u>Duration</u>	<u>Termination</u>
1	12%
2 - 6	10%
7+	13%

Interest Rate – 5%

Retention Components

Acquisition and Underwriting Expense (Lifetime Value) 0.5%

Maintenance Expense (includes claims processing) 9.0%

Premium Tax 2.0%

Commissions (Lifetime Value) 14.2%

Profit / Contingencies 7.3%

Minimum Loss Ratio – The minimum required lifetime loss ratio for Individual Medicare Supplement Insurance business is 65%. The anticipated loss ratio is calculated as the present value of expected durational claims divided by the present value of expected durational premiums discounted at 5% and is projected to be 67%. Anticipated loss ratios exceed 65% over the lifetime of the policy and in all years for business in duration 3 and beyond, as follows:

<u>Duration</u>	<u>Loss Ratio</u>
1	57.2%
2	63.2%
3	66.3%
4+	69.3%

Rate History:

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

<u>Effective Date:</u>	<u>Plan A</u>	<u>Plan F</u>	<u>Plan G</u>	<u>Plan N</u>
1/1/2016	6%	6%	-2%	6%
3/1/2017	5%	5%	2%	-18%
3/1/2018	3%	3%	3%	3%
4/1/2019	3%	3%	3%	3%

Rates and Rating Factors:

The enclosed rate pages contain proposed and current rates.

Historical and Future Experience of Form:

Historical and projected premium and claim experience are presented in the enclosed projection exhibit. This exhibit demonstrates compliance with state loss ratio requirements as well as the need for the proposed rate revision. As there are 25 insureds in District of Columbia as of 9/30/2019, our request is based on nationwide data.

Average Annual Premium:

	<u>Policies</u>	<u>Premium</u>	<u>Average Annual Premium</u>
Plan A	0	0	0
Plan F	9	22,000	2,444
Plan G	11	20,144	1,831
Plan N	5	7,281	1,456

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

Actuarial Certification:

To the best of my knowledge and judgment, the following are true with respect to this Medicare Supplement rate filing:

- The assumptions present my best judgment as to the expected value for each assumption and are consistent with Transamerica Premier business plan at the time of the filing;
- The anticipated lifetime loss ratio, future loss ratios, and third year loss ratios all equal or exceed the applicable loss ratio;
- The filing was prepared based on current standards of practice as promulgated by the Actuarial Standards Board;
- The filing is in compliance with the applicable laws and regulations of the District of Columbia; and
- The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, nor unfairly discriminatory.

Moshe Nelkin, FSA MAAA

Moshe N Nelkin, FSA, MAAA
Senior Actuary
Transamerica Premier Life Insurance Company
410-209-5234
moshe.nelkin@transamerica.com

Nationwide Experience Projection
Transamerica Premier Life Insurance Company
Individual, Standardized Medicare Supplement MSH1
All Plans

Assumptions:	2019	2020	2021+
Requested Rate Increase:	7.50%	4.00%	2.00%
Aging Factor:	1.07%	1.07%	1.07%
Premium Trend Rate:	8.65%	5.11%	3.09%

Claims Trend Increase:	5.00%	4.00%	2.00%
Aging Factor:	2.00%	2.00%	2.00%
Claims Trend Factor:	7.10%	6.08%	4.04%

Current Rate Level Factors	2018	2019
CRL Premium Factor:	6.57%	2.74%

CRL Claims Trend Increase:	5.00%	0.00%
CRL Claims Adverse Selection:	0.00%	0.00%
(Total) CRL Claims Factor:	5.00%	0.00%

Past Experience			
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2015	5,803,538	4,564,809	78.7%
2016	35,055,244	26,613,202	75.9%
2017	66,692,000	47,673,304	71.5%
2018	95,497,449	73,692,761	77.2%
2019	84,506,624	69,114,817	81.8%

Total	287,554,856	221,658,894	77.1%
Total w/interest	305,941,940	235,408,696	76.9%

Projected 9/1/2019-12/31/2019			
	40,634,804	32,978,771	81.2%

Experience restated at the current rate level (CRL)			
2018	101,770,352	77,377,399	76.0%
2019	127,458,780	102,093,588	80.1%

Projected	Without Rate Increase		
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2020	105,749,757	88,456,327	83.6%
2021	100,042,560	84,451,025	84.4%
2022	92,823,309	79,076,561	85.2%
2023	86,125,012	74,044,129	86.0%
2024	79,910,077	69,331,961	86.8%
2025	74,143,622	64,919,675	87.6%
2026	68,793,285	60,788,187	88.4%
2027	63,829,038	56,919,626	89.2%
2028	59,223,020	53,297,261	90.0%
2029	54,949,380	49,905,424	90.8%

Projection Totals			
Nondiscounted	785,589,061	681,190,175	86.7%
Discounted	624,435,828	539,556,714	86.4%

Lifetime Totals			
Nondiscounted	1,113,778,721	935,827,840	84.0%
Discounted	971,012,572	807,944,182	83.2%

	2019	2020	2021+
Lapse Rate:	12.00%	10.00%	10.00%
Additional Lapse Due to Increase:	0.00%	0.00%	0.00%
Adverse Selection Due to Increase:	0.00%	0.00%	0.00%

Interest rate:	5.00%
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2019 data through August

For projecting the 2020 experience, a 33.3% weight is applied to the Year 2018, and a 66.7% weight is applied to the Year 2019.

With Rate Increase			
Earned Premium	Incurred Claims	Loss Ratio	
113,680,989	88,456,327	77.8%	
107,545,752	84,451,025	78.5%	
99,785,057	79,076,561	79.2%	
92,584,388	74,044,129	80.0%	
85,903,333	69,331,961	80.7%	
79,704,394	64,919,675	81.5%	
73,952,781	60,788,187	82.2%	
68,616,216	56,919,626	83.0%	
63,664,746	53,297,261	83.7%	
59,070,584	49,905,424	84.5%	

844,508,240	681,190,175	80.7%	
671,268,515	539,556,714	80.4%	

1,172,697,901	935,827,840	79.8%	
1,017,845,259	807,944,182	79.4%	

Transamerica Premier Life Insurance Company
Standardized Individual Medicare Supplement Experience

State of Washington DC

Issue Year	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2015	2015	2,980	242	8.1%
ALL	2015	2,980	242	8.1%
2015	2016	11,083	2,267	20.5%
2016	2016	8,551	7,122	83.3%
ALL	2016	19,634	9,388	47.8%
2015	2017	10,514	3,700	35.2%
2016	2017	13,749	3,853	28.0%
2017	2017	32,020	14,809	46.2%
ALL	2017	56,282	22,362	39.7%
2015	2018	10,946	2,603	23.8%
2016	2018	12,581	3,154	25.1%
2017	2018	29,962	12,480	41.7%
2018	2018	3,112	857	27.5%
ALL	2018	56,600	19,094	33.7%
2015	2019	4,476	1,154	25.8%
2016	2019	6,990	6,852	98.0%
2017	2019	16,471	18,749	113.8%
2018	2019	3,515	3,335	94.9%
2019	2019	2,736	444	16.2%
ALL	2019	34,187	30,533	89.3%
ALL	ALL	169,683	81,620	48.1%

Transamerica Premier Life Insurance Company
Standardized Individual Medicare Supplement Experience

Nationwide

Calendar Year	Issue Year	Earned Premium	Incurred Claims	Loss Ratio
2015	2013	0	0	0.0%
2015	2014	0	0	0.0%
2015	2015	5,803,538	4,564,809	78.7%
2015	ALL	5,803,538	4,564,809	78.7%
2016	2013	0	0	0.0%
2016	2014	0	0	0.0%
2016	2015	17,511,376	14,342,376	81.9%
2016	2016	17,543,869	12,270,827	69.9%
2016	ALL	35,055,244	26,613,202	75.9%
2017	2013	0	0	0.0%
2017	2014	0	0	0.0%
2017	2015	14,148,002	10,445,388	73.8%
2017	2016	30,673,301	22,257,561	72.6%
2017	2017	21,870,397	14,970,355	68.5%
2017	ALL	66,692,000	47,673,304	71.5%
2018	2013	0	0	0.0%
2018	2014	0	0	0.0%
2018	2015	12,374,928	9,975,945	80.6%
2018	2016	29,032,754	22,519,347	77.6%
2018	2017	35,047,375	27,184,998	77.6%
2018	2018	19,042,393	14,012,471	73.6%
2018	ALL	95,497,449	73,692,761	77.2%
2019	2013	0	0	0.0%
2019	2014	0	0	0.0%
2019	2015	7,501,538	6,467,601	86.2%
2019	2016	18,715,135	15,627,664	83.5%
2019	2017	22,604,471	19,208,745	85.0%
2019	2018	23,259,898	18,964,655	81.5%
2019	2019	12,425,584	8,846,153	71.2%
2019	ALL	84,506,624	69,114,817	81.8%
ALL	ALL	287,554,856	221,658,894	77.1%